

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			•		•		•	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51		1				
2		1					52		1				
3		1					53	1					
4		1					54						
5		1					55						
6		1					56						
7		2					57						
8		2					58						
9		2					59						
10		2					60						
11		2					61						
12		2					62						
13		2					63						
14		2					64						
15		2					65						
16		2					66						
17		2					67						
18		1					68						
19		1					69						
20		1					70						
21		1					71						
22		1					72						
23		2					73						
24		2					74						
25		2					75						
26		2					76						
27		2					77						
28		1					78						
29		①					79						
30		②					80						
31		③					81						
32		④					82						
33		⑤					83						
34		⑥					84						
35		⑦					85						
36		1					86						
37		1					87						
38		1					88						
39		1					89						
40		1					90						
41		1					91						
42		1					92						
43		1					93						
44		1					94						
45		1					95						
46		1					96						
47		1					97						
48		2					98						
49		1					99						
50		1					100						
TOTAL IND.		2					TOTAL IND.	2					
TOTAL DEP.		68					TOTAL DEP.	68					
TOTAL CLAIMS		70					TOTAL CLAIMS	70					